Registration Form for Exhibit Space

Firm Name				
Website				
Address			Phone	
City, State, 2	ZIP			
Person in ch	arge of convention boo	oth		
E-mail			Fax	
Address			Phone	
City, State, 2	ZIP			
Names of bo	ooth personnel as they	should appear on name ba	adges:	
	1)	3)	
	2)	4)	
Briefly descr	ribe the nature of your	exhibit		

Exhibit Cost: \$200.00

Registration includes the Monday reception, Tuesday continental breakfast, all conference materials, Tuesday luncheon and refreshment breaks.

- ➤ Please return form with check payable to Division of Workers' Compensation. Mail to: Debbie Troesser, Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102-0058
- ➤ Exhibitor registrations must be received by May 31, 2011.
- ➤ No confirmation of registration will be sent.
- ➤ No registration refunds will be given; substitutions are allowed.

The exhibit area will be open from 12 p.m. on Monday to 12 p.m. on Tuesday. Exhibit booths will be 8' x 10' pipe and drape with one six foot draped and skirted table, two chairs, wastebasket and signage.

Information relating to the exhibit area and exhibitors' responsibilities will be sent to registered exhibitors after the registration is received. The exhibit hall will be available for set-up on Monday morning from 6 a.m. to 12 p.m., June 13, 2011.

For more information call: 573-526-3539.